

Survey Response Details

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Response Details

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1) Country

Armenia (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The process of the Report development started in November 2009. On 3 February 2010 CCM arranged the Preparatory Workshop attended by all the members of CCM, the CCM Working Group on HIV/AIDS and UN HIV/AIDS Theme Group. At the Workshop the key informants to be

interviewed for completion of Parts A and B of the National Composite Policy Index were selected. The draft Report was developed with the participation of interested governmental, non-governmental and international organizations, based on the results of the Preparatory Workshop, interviews with key informants, and analysis of the existing information. The draft Report was disseminated among all the interested stakeholders for their comments and recommendations, which were presented at the Consensus Workshop, held on 1 March 2010. The Report was finalized at the Consensus Workshop.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

N/A

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

N/A

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11)

NCPI - PART A [to be administered to government officials]

Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	CCM Samvel Grigoryan / CCM Secretary	A.I, A.II, A.III, A.IV, A.V

12)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Education and Science Anahit Muradyan / Leading Specialist of the Secondary Education Department	A.I, A.II, A.III, A.IV
Respondent 3	Ministry of Defense Vanik Gevorgyan / Head of Unit of Organization of Hospital and outpatient medical service of the Military Health Department	A .I, A .II
Respondent 4	Ministry of Justice Ara Hovhannisyan / Chief Specialist of Medical Provision Unit of Criminal- Executive Department	A.I, A.II
Respondent 5	Ministry of Sport and Youth Affairs Tamara Torosyan / Chief Specialist Youth Policy Department	A .I, A .II
Respondent 6	Police Narine Karapetyan / Epidemiologist	A.I, A.II, A.III
Respondent 7		
Respondent 8		
Respondent		

- 9 Respondent
- 10 Respondent
- 11 Respondent
- 12 Respondent
- 13 Respondent
- 14 Respondent
- 15 Respondent
- 16 Respondent
- 17 Respondent
- 18 Respondent
- 19 Respondent
- 20 Respondent
- 21 Respondent
- 22 Respondent
- 23 Respondent
- 24 Respondent
- 25 Respondent

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization Names/Positions			Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNAIDS	Naira Sargsyan / Social mobilization and partnership adviser	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 OSI	Anahit Papikyan / External Education/Public Health Programs Coordinator	B.I, B.II, B.III, B.IV
Respondent 3 Education in the Name on the Health NGO	Rafael Ohanyan / representative	B.I, B.II, B.III

Respondent 4	Real World, Real People NGO	Hovhannes Madoyan / Co-president	B.I, B.II, B.III, B.IV
Respondent 5	WVA	Avetik Harutyunyants / Health programme manager	B.I, B. II, B. III, B. IV
Respondent 6	AIDS Prevention Union NGO	Aram Manukyan / Projects Director	B.I, B.II, B.III
Respondent 7	AIDS Prevention, Education and Care NGO	Artak Musheghyan / President	B.I, B. II, B. III
Respondent 8	Public Information and Need of Knowledge NGO	Mamikon Hovsepyan / President	B.I, B.II, B.III, B.IV
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

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16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2007-2011

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

8

18)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	No
Transportation	No	No
Military/Police	Yes	No
Women	No	No
Young people	Yes	Yes
Other*	Yes	Yes

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19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Justice

Page 9

20)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	No
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	No

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2006

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23)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Injecting drug users, female sex workers, men who have sex with men, the mobile population, prisoners, especially vulnerable young people and most at risk adolescents, young people aged 15 - 24 are the target populations in Armenia.

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

26)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

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27)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

All activities implemented within the framework of the National Programme on the Response to the HIV epidemic in Armenia are being coordinated by the Country Coordination Commission on HIV/AIDS, TB and malaria issues (CCM) in the Republic of Armenia established in 2002. The CCM is a multisectoral commission including representation of the government, academic sector, international and national NGOs, UN agencies people living with the diseases, as well as multilateral and bilateral development agencies. 38 members of the CCM include 19 representatives of governmental sector (50%), 1 representative of academic sector (3%), 5 (13%) representatives of international sector (UN and bilateral development agency) and 11 (29%) - of non-governmental sector (international and national NGOs) and 2 (5%) people living with or affected by the diseases. Thus, among 38 CCM members 50% represents non-governmental sector. In 2008 - December 2009 the President of the Armenian Red Cross Society, representing nongovernmental sector was the Chair of the CCM Armenia. Starting from 23 December 2009, the CCM Armenia has been chaired by the Minister of Labour and Social Affairs of the Republic of Armenia, representing governmental sector. The National Strategic plan on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 and the National Programme on Response to HIV Epidemic (which is the multisectoral strategy/action framework) have been discussed and approved by the CCM members, including representatives of the non-governmental sector. Civil society representatives have taken an active part in the proposals and activities development process, making comments and recommendations to strengthen the response, especially in parts referring to activities targeted at most-at-risk Populations and PLHIV.

28)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	N/A
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	N/A
e. Other: Please specify	

32)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Other: Please specify	

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33)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

34)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

35)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	No
Antiretroviral treatment	No
Care and support	No
Other: Please specify	

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36)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV counselling and testing for the uniformed services in Armenia is provided entirely on a voluntary basis.

37)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

38)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Refugees, national minorities	Yes

39)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Armenia has joined all the conventions of UN and European Union on Elimination of Discrimination, as well as ILO Convention N111 Convention concerning Discrimination in Respect of Employment and Occupation. The principles of those conventions are reflected in the appropriate in-country acts of the law. According to the Article 14.1 of the Constitution of the Republic of Armenia: "Everyone shall be equal before the law. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal and social circumstances shall be prohibited." According to Article 3 of the Law of the Republic of Armenia on citizenship of the Republic of Armenia, citizens of the Republic of Armenia are equal before the law, irrespective of the basis of the acquisition of the citizenship, nationality, race, sex, language, religion, political and other opinions, social origin, property or other status, have all rights, freedom and obligations set forth in the Constitution and laws. The Criminal Code of the Republic of Armenia defines that direct or indirect breach of the human rights and freedoms of citizens, for reasons of the citizen's nationality, race, sex, language, religion, political or other views, social origin, property or other statuses, which damaged the citizen's legal interests, is punished with a fine, or with imprisonment. Every resident of Armenia has possibility to alert on exhibition of discrimination and on violation of the human rights to authorized authority or judicial authority. As a result of amendments made in 2005 to the Constitution of the Republic of Armenia, starting from 01 July 2006 physical and legal entities, have also received the right to appeal to the Constitutional Court and challenge the constitutionality of a law provision applied by the final judicial act. Law on the Human Rights Defender of the Republic of Armenia was adopted on 21 October 2003. According to the Article 2 of the Law, the Human Rights Defender (hereinafter referred to as the Defender) is an independent and unaltered official, who protects the human rights and fundamental freedoms violated by the state and local self-governing bodies or their officials. Any physical entity can appeal to the Defender who is recognized as a National Preventive Mechanism provided by the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

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40)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

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41)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

42)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

43)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

44)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

45)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

46)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

47)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

48)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

The programme coverage has been monitored per each target population group, including IDUs, CSWs, MSM, mobile population, prisoners, young people and pregnant women.

49)

Briefly explain how this information is used:

This information is used for reviewing the aspects of preventive activities, for developing new approaches and activities, for changing of geographical coverage and of the extent of beneficiaries' involvement.

Page 2850) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

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51)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

HIV and AIDS programme coverage is being monitored at the level of cities and towns, where the projects are being implemented.

52)

Briefly explain how this information is used:

This information is used for changing and reallocation of geographical coverage.

53)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

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54)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

9 (9)

55)

Since 2007, what have been key achievements in this area:

In 2008 the study was conducted among the mobile population to reveal exhibitions of risk behaviours among them, to explore HIV preventive activities conducted among them. As a result, relevant recommendations were developed for reducing migrants' vulnerability to HIV and risk for acquiring and transmitting HIV. In 2008 the sizes of IDUs, CSWs and MSM populations were estimated for better policy, programme planning and management.

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56)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

57)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

59)

2.2 IF YES, who is the Chair?

Name	Mkhitar Mnatsakanyan
Position/title	Minister of Labour and Social Affairs

60)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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61)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

38

62)

If you answer "yes" to the question "does the National multisectoral AIDS coordination

body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

19

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

2

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64)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

65)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

The main achievements are: raising funds required for implementation of the National AIDS Programme (GFATM Rolling Continuation Channel (RCC) HIV Proposal, GFATM RCC HIV Bridge Funding I, GFATM RCC HIV Bridge Funding II, GFATM Round 8 TB Proposal), coordination of activities on HIV/AIDS prevention, treatment, care and support, excluding duplications.

66)

Briefly describe the main challenges:

Absence of unified national Monitoring and Evaluation system.

67)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

58

68)

5. What kind of support does the National AIDS Commission (or equivalent) provide to

civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	No
Other: Please specify	

69)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

70)

Part A, Section II: POLITICAL SUPPORT**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

Page 37

71)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

The Law of the Republic of Armenia on Making Amendments and Supplements to the Law On prevention the disease caused by Human Immunodeficiency Virus" of the Republic of Armenia was approved by the National assembly of the Republic of Armenia on 19 March 09 and ratified by the President of the Republic of Armenia on 06 April 09. The made amendments and supplements are focused on protection of human rights. As a result, the Law has been brought into consistency with the existing international guidelines on human rights. In particular, the number of groups subject to mandatory HIV testing has been reduced to a 26 considerable extent, the Article, defining conditions of entry to Armenia of foreign citizens and stateless persons (foreign citizens and stateless persons applying for Armenian entry visas for a period exceeding three months were obliged to present an HIV testing certificate), has been repealed. Also, the provision of the Article defining the implications of detecting HIV in the body of a foreign citizen or a stateless person (if the presence of HIV in the body of a foreign citizen or stateless person who is in the territory of the Republic of Armenia was confirmed, he/she was subject to administrative deportation from the Republic of Armenia) has been repealed.

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72)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

7 (7)

Page 39

73)

Part A, Section III: PREVENTION**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

Yes (0)

Page 40

74)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

75)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

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76)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

77)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	Yes
teacher training?	No

78)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

79)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

80)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

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81)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user, Prison inmates

Page 43**82) Part A, III. PREVENTION****Question 3.1 (continued)**

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Young People - Targeted information on risk reduction and HIV education, Condom promotion, Reproductive health, including STI prevention & treatment. Mobile Population - Targeted information on risk reduction and HIV education, Stigma & discrimination reduction, Condom promotion, HIV testing & counselling.

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83)

Part A, III. PREVENTION**Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

84)

Since 2007, what have been key achievements in this area:

Provision of methadone treatment is among the key achievements. Also, "Healthy Life Style" training course has been introduced in the curricula of secondary and senior schools and it would be taught as a separate subject for 8-9 and for 10-11 grades. The training course includes separate lessons related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits.

85)

What are remaining challenges in this area:

"Healthy Life Style" training course is being introduced in the curricula of secondary schools, whereas its introduction in the curricula of senior schools has not been started yet, and it is still remaining the challenge to include it into curricula of higher educational establishments.

Page 45

86)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

87)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

The needs were determined based the Situational and Response Analyses conducted within the framework of the HIV/AIDS National Strategic Planning, as well as in the process of development of the GFATM RCC HIV Proposal in 2008.

88)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	N/A
Other: please specify	

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89)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

90)

Since 2007, what have been key achievements in this area:

Provision of methadone treatment, is among the key achievements. Also, "Healthy Life Style" training course has been introduced in the curricula of secondary schools and it would be taught as a separate subject for 8-9 grades. Programmatic coverage has been expanded and targeted HIV prevention interventions have been scaled up among all the target groups. The HIV Counselling and Testing System in Armenia has been expanded and strengthened, which basically is integrated in health care system. Currently the HIV preventive programmes carried out among most-at-risk populations are being expanded with the GFATM support. The number of beneficiaries involved in the programmes is being increased; the programmes geographical coverage is being expanded. Behaviour Change Communication strategies are being implemented among all the target groups. However, the expansion of the geographical coverage of the HIV/AIDS preventive interventions which is important for achieving the targets of the Universal Access towards HIV prevention has not taken place.

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91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

93)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

94)

2. Has the country identified the specific needs for HIV treatment, care and support

services?

Yes (0)

Page 50

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

The needs for HIV treatment, care and support services are identified in the process of the National Strategic Planning and are reflected in the National AIDS Programme. To meet those needs the project proposal was submitted to GFATM with a request for funding.

96)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

Page 51

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

No (0)

98)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

Page 52

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

Condoms

Page 53

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

101)

Since 2007, what have been key achievements in this area:

Starting from 2005, ARV treatment has become available in the country for all registered patients who are in need of and gave their informed consent for receiving ART. It has been managed to ensure universal access towards HIV/AIDS treatment, care and support. The Service Delivery Mobile Team has been established which includes two physicians and one social worker for providing, through site visits, care and support to HIV/AIDS patients in the country regions and Yerevan city, the capital. Four self-help groups have been formed and are operating, two - in Yerevan city, one in Gyumri city and one - in Vanadzor city.

102)

What are remaining challenges in this area:

Among the main challenges there are ensuring sustainability and continuity of the implemented activities, uninterrupted supply with drugs, test-kits, consumables, ensuring necessity of the activities expanding, necessity of OIs diagnostics improvement, absence of possibility for determination of ARV drugs resistance and sensitivity and the implied problems.

Page 54

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

105)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

106)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

107)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

108)

Since 2007, what have been key achievements in this area:

Since 2007 ARV treatment has become accessible for children, including orphans, especially vulnerable young people and most-at-risk adolescents.

Page 57

109)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

In progress (0)

Page 65

110)

5. Is there a functional national M&E Unit?

In progress (0)

Page 70

111)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

Page 71

112)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

113)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

The national system of data collection is functioning in the country. The data are collected by the National Center for AIDS Prevention of the Ministry of Health of the Republic of Armenia. The information about the work of all HIV testing laboratories countrywide is collected. The received reports on the performed HIV tests results include the information about the contingent of those tested (including pregnant women, infants born to HIV-infected women, IDUs, MSM, donors, etc.). The submitted information is aggregated by sex, age, place of residence (capital, other cities and rural areas), number of those tested and number of tests performed. The new HIV/AIDS cases registered are analyzed according to sex, age, mode of HIV transmission, place of residence, probable place of HIV acquiring, etc.

114)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

115)

7.3 Is there a functional* Health Information System?

At national level Yes
 At subnational level Yes

Page 74**116) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

At the level of regional authorities

117)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

118)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

Page 75**119) Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

3 (3)

120)

Provide a specific example:

The results of the HIV biological and behavioural surveillance, conducted in 2007, demonstrated that HIV prevalence among MSM increased to some extent. Thus, the need arose to expand geographical coverage of HIV preventive programmes conducted among them, through covering Gyumri and Vanadzor cities in addition to Yerevan city and increasing the number of the beneficiaries involved in the programmes.

Page 76

121)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

122)

Provide a specific example:

The results of the Second Generation HIV Surveillance conducted among various populations in 2005, served as a basis for determining the priority areas and developing activities within the framework of HIV/AIDS National Strategic Plan for 2007-2011.

Page 78

123)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	No
At service delivery level including civil society?	No

Page 79124) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

22

Page 80

125)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

Page 82126) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

127)

Since 2007, what have been key achievements in this area:

The national M&E system is still at the stage of introduction in Armenia, however its key elements, components and indicators have been already developed. The RCC HIV Proposal, recommended by GFATM for funding, envisages financial support for establishing and operating of unified national M&E system.

128)

What are remaining challenges in this area:

Absence of unified national M&E system.

Page 83

129)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

130)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

The Law "On prevention the disease caused by Human Immunodeficiency Virus" adopted by the National Assembly of the Republic of Armenia on February 3, 1997 makes provisions for the rights and obligations of HIV-infected individuals and their family members (Chapter IV, Article 14. Rights of HIV-infected individuals): HIV-infected individuals have the following rights: a) to receive the results of laboratory testing in written form; b) for non-discriminative attitude; c) to demand maintaining confidentiality, except for the cases stipulated by the current legislation of the Republic of Armenia; d) to continue working except for the cases stipulated by the government of the Republic of Armenia; e) to be provided with counselling including familiarizing with the ways of HIV prevention. HIV-infected individuals cannot be objects of scientific experiments and studies without their written consent. According to the Law of the Republic of Armenia on Making Amendments and Supplements to the Law "On prevention the disease caused by Human Immunodeficiency Virus" of the Republic of Armenia, approved on 19 March 09, the Article 7 of the Law "Conditions of entry into the Republic of Armenia of foreign citizens and stateless persons"

(foreign citizens and stateless persons applying for Armenian entry visas for a period exceeding three months were obliged to present an HIV testing certificate in accordance with the procedure established by the Republic of Armenia Government) was repealed. Also, Article 8 of the Law "Consequences of detecting HIV in the body of a foreign citizen or stateless person" (if the presence of HIV in the body of a foreign citizen or stateless person who is in the territory of the Republic of Armenia was confirmed, he/she was subject to administrative deportation from the Republic of Armenia, in accordance with the procedure established by the Republic of Armenia Government) was repealed.

131)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

132)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

133)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The mechanism ensuring the implementation of the existing Laws is Directorate of Public Prosecutions which monitors and controls the implementation on day-to-day basis. The civil society and individuals have the right and possibility to alert on violation of the human rights to the Prosecution institutions. Also, the civil society and individuals have rights to apply to the Constitutional Court in case of violation of the standards and provisions stated in the Constitution of the Republic of Armenia. The public and individuals can apply to Armenian Ombudsman's Office and to the Chamber of Advocates of the Republic of Armenia, whenever their rights are violated. If needed, people living with HIV can apply to the Ministry of Health, whenever their rights are violated.

134)

Briefly describe the content of these laws:

The Article 6 of the Criminal-Executive Code of the Republic of Armenia defines the humanitarian principle, according to which: 1. Execution of punishment, as well as compulsory medical measures joined with the execution of punishment can not be accompanied with personal physical

violence or any deeds entailing social and psychological degradation of a person. 2. It shall be strictly prohibited to subject convicted persons to tortures or cruel, inhumane or degrading treatment, or punishment. No circumstance can constitute justification for tortures, or cruel, inhumane or degrading treatment, or punishment. Article 14.1 of the Constitution of the Republic of Armenia states that everyone shall be equal before the law. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal and social circumstances shall be prohibited.

Page 86

135)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

136)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	No

Other: Please specify

137)

IF YES, briefly describe the content of these laws, regulations or policies:

Article 271 of the Criminal Code of the Republic of Armenia provides for the punishment with a fine in the amount of up to 200 minimal salaries, or with arrest for the term of up to 2 months for use of narcotic drugs without medical permission. The person who surrenders drugs is exempted from criminal liability.

138)

Briefly comment on how they pose barriers:

This Law envisages two different kinds of punishment for the same deed (use of narcotic drugs), therefore different approaches can be applied to a person.

Page 88**139) Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

140)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

One of the strategies of developing multisectoral response to HIV, envisaged by the National AIDS Programme (approved by the decree N 398-N of 1 March 2007 of the Government of the Republic of Armenia) is to review the existing HIV/AIDS-related law, bringing it into consistency with the relevant international guidelines for effective response to the AIDS epidemic in the country.

141)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

Page 90

142)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

143)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

PLHIV are represented in the CCM, which coordinates the implementation of the National AIDS Programme. PLHIV and representatives of most-at-risk and vulnerable groups (IDUs, CSWs, MSM, the mobile population, the military and prisoners) were involved in the GFATM-supported

National AIDS Programme implementation as outreach workers, peer educators and programme coordinators. In addition, the target group's representatives were involved in the focus group and round table discussions to develop and test the information-educational materials, as well as in development of the key messages addressing HIV-related issues for specific populations for the implementation of the BCC strategies. PLHIV and vulnerable populations' representatives were involved in the development of the country proposals submitted to the Global Fund to fight AIDS, TB and Malaria in 2008-2009.

144)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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145)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Free of charge provision of VCT services at the Primary Health Care facilities is ensured by the Standard on provision of primary health care approved by the Ministry of the Health. In addition, the free of charge provision of the follow-up for HIV/AIDS patients is ensured by the Standard on provision of out-patient medical care and organization of the methodological support approved by the Ministry of Health. Service delivery mobile teams are functioning at NGOs. The specialists of the service delivery mobile teams visit the beneficiaries at the places of their residence. Provision of HIV preventive services to the most-at-risk population is restricted due to their insufficient geographical coverage. The means of HIV prevention, such as condoms, are not always accessible in distant villages. Health care providers often do not ensure medical secrecy, which is the reason for people's reluctance to apply to health care facilities, medical staff do not have sufficient skills to provide HIV testing and counselling.

146)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

147)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

148)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

149)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

Equal access to HIV prevention, treatment, care and support in the country is ensured by the decree N 398-N of 1 March 2007 of the Government of the Republic of Armenia, in accordance to which the National AIDS Programme envisages universal access to HIV prevention, treatment, care and support.

150)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

Page 95

151)

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No (0)

152)

11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

Page 97

153)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

154)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

155)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

Page 99

156)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

157)

– **Legal aid systems for HIV casework**

Yes (0)

158)

– **Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

No (0)

159)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

160)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

161)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Peer education among youth, Advocacy campaigns	Yes

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162)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

7 (7)

163)

Since 2007, what have been key achievements in this area:

In 2009 relevant amendments and supplements were made to the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus" focused on protection of human rights and at bringing the Law into consistency with the existing international guidelines on human rights. In particular, the Article, defining conditions of entry to Armenia of foreign citizens and stateless persons (foreign citizens and stateless persons applying for Armenian entry visas for a period exceeding three months were obliged to present an HIV testing certificate, in accordance with the procedure established by the Republic of Armenia Government), has been repealed. Also, the provision of the Article defining the implications of detecting HIV in the body of a foreign citizen or a stateless person (if the presence of HIV in the body of a foreign citizen or stateless person who is in the territory of the Republic of Armenia was confirmed, he/she was subject to administrative deportation from the Republic of Armenia, in accordance with the procedure established by the Republic of Armenia Government) has been repealed. In addition, the number of groups, which were defined by the law as those subject to mandatory HIV testing, has been reduced. In particular the following groups would not be subject to mandatory HIV testing: medical workers whose work requires them to deal with blood, biological fluids, tissue, and organs, prisoners, persons with STIs, pregnant women, drug addicts, persons returning from official, business, and private trips from outside of the Republic of Armenia that lasted more than three months. According to the amended Law, the following shall be subject to mandatory HIV testing: a) Donors of blood, biological fluids, tissue, and organs b) Children born to mothers who have the HIV infection. Medical workers-initiated HIV testing and counselling shall be provided to: a) pregnant women, b) persons with STIs, c) drug addicts; and d) prisoners. All the population groups have the right to receive voluntary HIV counselling and testing. The round table discussions and other public events were initiated by the civil society, where all interested stakeholders were involved, including parliamentarians, the police representatives, as well as local NGOs dealing with the advocacy of improving relevant legal field supporting of substitution therapy in Armenia. Starting from 2009 IDUs in Armenia are being provided with substitution treatment. The amendments to the existing Law regulating use of psychotropic and narcological substances for

medical purposes have been approved by the National Assembly. Relevant regulations are being reviewed.

164)

What are remaining challenges in this area:

Amendment of the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus" has brought to the necessity of making amendments to some existing laws and regulations.

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165)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?****8 (8)**

166)

Since 2007, what have been key achievements in this area:

In 2009, upon making amendments and supplements to the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus", the government made a decision defining the time-frame for developing procedures on "Ensuring necessary safety measures at health care institutions for those undergoing HIV testing, for those HIV-infected as well as for preventing occupational exposure". All the activities implemented as a response to AIDS in Armenia, are coordinated by the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria issues (CCM) in the Republic of Armenia, which is one National AIDS Coordinating Authority in the country.

167)

What are remaining challenges in this area:

As a result of making amendments and supplements to the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus", the necessity has arisen to amend some regulations and documents and to develop the new ones. No HIV/AIDS-related case has ever been brought before a court. That can be probably explained either by lack of trust to judicial establishments or by fear of discrimination resulting from HIV status disclosure.

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168)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?****4 (4)**

169)

Comments and examples:

PLHIV have actively participated in parliamentary discussions related to the amendment of the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus". Round-table discussions were organized with representatives of various spheres (physicians, lawyers, legal advisers, representatives of the governmental structures), where the issues concerning PLHIV were addressed.

Page 104

170)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

171)

Comments and examples:

The civil society representatives were involved in all the stages of the development and improvement of the National Programme on the Response to the HIV Epidemic and country proposals submitted to the Global Fund to fight AIDS, TB and Malaria.

Page 105

172)

a. the national AIDS strategy?

4 (4)

173)

b. the national AIDS budget?

0

174)

c. national AIDS reports?

4 (4)

Page 106

175)

Comments and examples:

The National monitoring and evaluation plan has not been developed yet, however, monitoring and

evaluation activities have been implemented at the level of various NGOs-implemented projects. Though, civil society representatives were involved in the development of the National Programme on the Response to the HIV Epidemic for 2007-2011, which contains indicators and timeframe for monitoring and evaluation.

Page 107

176) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

177)

Comments and examples:

The organizations, dealing with provision of services to PLHIV, implement care and support projects and provide HIV prevention to the mobile populations. Faith-based organization was the Principle Recipient for the GFATM-supported National AIDS Programme. Faith-based organizations carry out activities aimed to involve the church into the HIV prevention, care and support projects.

Page 108

178)

a. adequate financial support to implement its HIV activities?

3 (3)

179)

b. adequate technical support to implement its HIV activities?

4 (4)

180)

Comments and examples:

International organizations provide technical assistance to NGOs working in the field of HIV/AIDS. No mechanism is available in the country for assessing the needs for technical assistance. There is a need for technical assistance, capacity building, as well as for proper distribution and mobilization of the resources.

Page 109

181) Part B, Section II. CIVIL SOCIETY PARTICIPATION

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

Page 110

182)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

8 (8)

183)

What are remaining challenges in this area:

There is no sufficient amount of activities implemented by community based organizations in the field of HIV/AIDS.

Page 111

184)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

185)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

The needs of HIV preventive projects were assessed during the national strategic planning process.

186)

1.1 To what extent has HIV prevention been implemented?

**The majority of people in need
have access**

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 113

187)

Part B, Section III: PREVENTION

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

188)

Since 2007, what have been key achievements in this area:

The trend in increasing of the programmatic coverage and scaling-up of preventive interventions has been observed in all projects and activities targeted various key groups. In particular, the coverage of IDUs by harm reduction projects and the coverage of CSWs by HIV prevention projects increased during the reported years. The access of most-at-risk populations representatives to HIV preventive projects has been increased, which is associated with introduction and expansion of the VCT system in the country. The Behaviour Change Communication strategies are being implemented among all the targets groups. The introduction of the "Healthy Life Style" training course in the curricula of secondary schools has been initiated. The training course includes separate lessons related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits. Methadone substitution treatment programme has been introduced, which is being gradually expanded.

189)

What are remaining challenges in this area:

Introduction of "Healthy Life Style" training course into the curricula of secondary and senior schools, and its inclusion into curricula of higher educational establishments is still remaining the

challenge.

Page 114

190)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

191)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Mechanism of forecasting required quantity of ARV drugs has been introduced at the National Center for AIDS Prevention.

192)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A

Other: please specify

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193)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

194)

Since 2007, what have been key achievements in this area:

Since 2005, when ARV treatment became available in the country, all the registered patients who are in need and gave their informed consent, have been receiving ART. It has been succeeded to ensure the Universal Access towards HIV prevention, treatment, care and support. The Service Delivery Mobile Team is functioning. The specialists of the Service Delivery Mobile Team provide care and support to PLHIV at the places of their residence and Yerevan city, the capital and in the country regions. Self-help groups of people living with HIV have been established and are functioning.

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195)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)